

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>13267</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>04</u> Through <u>12</u> / <u>31</u> / <u>04</u>
3 Name and address of person filing Name <u>Janet</u> <u>Suber</u> P O Box Bldg Room No if any _____ Street <u>408 Walnut Ridge Estate</u> City <u>Pottstown</u> State <u>PA</u> <u>19464</u> ZIP Code + 4 <u>3060</u>	4 Name file number and address of labor organization Name <u>Local 135, Laborers' International Union</u> Labor Organization File Number <u>006-285</u> P O Box Building and Room Number if any _____ Street <u>740 Sandy St.</u> City <u>Norristown</u> State <u>PA</u> <u>19401</u> ZIP Code + 4 <u>4145</u>
5 Position in labor organization <u>Recording Secretary</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name if any)

Name _____
Trade Name if any _____
P O Box Bldg Room No if any _____
Street _____
City _____
State _____ ZIP Code + 4 _____

7 a Nature of Interest, Transaction or Income

7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed

Janet Suber

On

8/17/05
Date

610-279-4036
Telephone Number

Name of Person Filing

Janet Suher

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name: LDC Education and Training Fund

Trade Name, if any:

P O Box Bldg Room No, if any:

Street: 500 Lancaster Pike

City: Exton

State: PA 19341 ZIP Code + 4:

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

10 If 9.b or 9.c is checked, give trust or employer's name

Name: LDC Education and Training Fund

Trade Name, if any:

P O Box, Bldg Room No, if any:

Street: 500 Lancaster Pike

City: Exton

State: PA 19341 ZIP Code + 4:

11.a Nature of such dealing

Employed as administrative assistant

11.b Approximate dollar value of such dealing

12.a Nature of interest held or income received

This includes salary for the year 1/1/00 - 12/31/00

12.b Amount:

\$ 30,937

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name:

Trade Name, if any:

P O Box Bldg Room No, if any:

Street:

City:

State: ZIP Code + 4:

14 a Nature of payment:

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment:

Name of Person Filing <u>Janet Suber</u>	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name: <u>LDC Building + Construction H/W</u></p> <p>Trade Name if any: _____</p> <p>P O Box Bldg Room No if any: _____</p> <p>Street: <u>665 N. Broad St, 2d Floor</u></p> <p>City: <u>Philadelphia</u></p> <p>State: <u>PA 19123</u> ZIP Code + 4: _____</p>	<p>9 Business deals with</p> <p><input type="checkbox"/> a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c. is checked give trust or employer's name</p> <p>Name: <u>LDC Building + Construction H/W Fund</u></p> <p>Trade Name if any: _____</p> <p>P O Box, Bldg Room No if any: _____</p> <p>Street: <u>665 N. Broad St, 2d Floor</u></p> <p>City: <u>Philadelphia</u></p> <p>State: <u>PA 19123</u> ZIP Code + 4: _____</p>	<p>11 a Nature of such dealing</p> <div style="border: 1px solid black; height: 80px; margin: 5px 0;"></div> <p>11 b Approximate dollar value of such dealing: _____</p> <p>12.a Nature of interest held or income received</p> <p style="font-size: 1.2em; margin: 5px 0;"><u>disability payments for six weeks following surgery</u></p> <p>12.b Amount: <u>\$11,714.31</u></p>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name: _____</p> <p>Trade Name if any: _____</p> <p>P O Box Bldg Room No if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>	<p>14 a Nature of payment.</p> <div style="border: 1px solid black; height: 150px; margin: 5px 0;"></div>
<p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 b Amount of payment: _____</p>

U S Department of Labor
Employee Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW
Room N-5616
Washington, D C 20210

Re Form LM-30 Filing for Janet Suber LU 135 Labor Organization File No
006-285

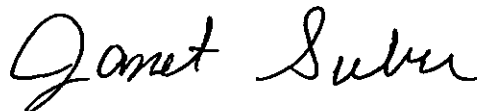
Dear Sir or Madam

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period

As of January 31, 2005, I left employ of the Laborers' District Council Education & Training Fund. The dollar figure included in the report covers the entire year 2004, but the January 2005

I apologize for the late filing, I could not locate my W-2 for 2004 after the correct amount

Sincerely

A handwritten signature in cursive script that reads "Janet Suber". The signature is written in black ink and is positioned above the printed name.

Janet Suber